



COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR PROGRAM

APPLICATION

Please complete both sides of this application in its entirety and sign the last page. List the type of Emergency you are experiencing on the next page. Please note that assistance is based on priority of emergency at the discretion of the Program Coordinator. Your application may be placed on a waiting list in accordance to priority.

Date:

Head of Household Name:	Date of Birth:
Spouses Name:	Date of Birth:
Address: (Number) (Street)	(City) (State) (Zip)
Phone Number:	Alternate Phone Number:
Do you own any other real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list address:	

Head of Household Social Security #:	Spouses Social Security #:		
Please list the <u>total</u> number of persons living in the household:			
Please list the names, relationships, social security numbers and dates of birth of <u>all</u> other adults (18 or older) in the household:			
Name:	Relationship:	Social Security #:	Date of Birth:
1.			
2.			
3.			

Approximate combined gross income (<i>before taxes</i>) of <u>all</u> persons living in the home: \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Age of Home:	How long have you owned <u>and</u> lived in the home as your primary residence?
Tax Parcel #:	Is your home a co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home a mobile/manufactured home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," do you own the real property on which the home is located? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you operate a business out of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please give name and nature of business.				
Are you employed by or a relative of any employee of the City of Scottsdale or any non-profit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list name, relationship, agency, department and dates of employment.				
Name:	Relationship:	Agency:	Department:	Dates:

Please certify each of the following statements by initialing on the line next to the statement. (If you cannot certify to each of the following you may not qualify for assistance)	
A. I have owned and occupied the home listed above for the past _____ year or longer.	_____ (initial)
B. I understand the City of Scottsdale may obtain a title and credit report to verify qualification.	_____ (initial)

Co-operative and Mobile homeowners: I understand that my home may be eligible for the Emergency Repair Program, but shall not be eligible for the Housing Rehabilitation Program.	_____ (initial)
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I certify that all the information I have given and will give in connection with this application, either in writing or orally is true and correct. I understand that false, fictitious or fraudulent statements, or representations to defraud the United States Government of funds voids my application for assistance, as is punishable by fines not to exceed \$10,000 or imprisonment for not more than five years, or both under U.S.C. Title 18, Sec. 1001. I understand that it is the obligation of the City of Scottsdale to prosecute violations.	
Signature of Applicant: _____	Date _____
Signature of Co-Applicant: _____	Date _____

Please print a brief description of your emergency:
A. Air Conditioning/Heating:
B. Plumbing:
C. Roofing:
D. Electrical:
E. Other:

Credit and title reports may be processed on each person and their property receiving rehabilitation. If IRS tax liens or tax certificates are found, your application will automatically be disqualified, unless written satisfaction of lien is presented to the Program Coordinator.